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CUSTOMER NUMBER 22850 o: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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INSTRUCTIONS: This form should be used for transmising the ISSUE EEE and PUBLICATION FEE (if required, Blecks t through 5 should be competed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications or or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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2.C.1 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FiEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/538,222	06/09/2005	Kazuyuki Nakanishi	273631US26 PCT	9360

TITLE OF INVENTION: SEMICONDUCTOR ELEMENT HEAT DISSIPATING MEMBER, SEMICONDUCTOR DEVICE USING SAME, AND METHOD FOR MANUFACTURING SAME

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nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/13/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
STEVENSO	N, ANDRE C	2812	438-106000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR. 1551).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  — Tee Address' indication (or "Fee Address' Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 McClell	Oblon, Spivak,  McClelland, Maier  Neustadt, P.C.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

KABUSHIKI KAISHA TOYOTA CHUO KENKYUSYO Aichi-qun, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🔯 Corporation or other private group entity 🚨 Government

a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
Issue Fee	A check is enclosed.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

	overpayment, to Deposit Account Number13 = 0030 (enclose an extra copy of this to
Change in Entity Status (from status indicated above)	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

■ a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27.
■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature

Typed or printer/frame

James H. Knebel

Registration No. 22,630

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